

IN THE UNITED STATES DISTRICT COURT FOR
THE MIDDLE DISTRICT OF ALABAMA

2005 OCT -7 A 9:21

AL. EVERITT BOVETT, JR.
Full name and prison number
of plaintiff(s)

v.

Shiriff; Anthony Clark

CIVIL ACTION NO. 2:05CV966-D
(To be supplied by Clerk of
U.S. District Court)

Name of person(s) who violated
your constitutional rights.
(List the names of all the
persons.)

I. PREVIOUS LAWSUITS

- A. Have you begun other lawsuits in state or federal court dealing with the same or similar facts involved in this action? YES () NO (☒)
- B. Have you begun other lawsuits in state or federal court relating to your imprisonment? YES () NO (☒)
- C. If your answer to A or B is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to this previous lawsuit:

Plaintiff(s) _____

Defendant(s) _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket number _____
4. Name of judge to whom case was assigned _____
5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?) _____
6. Approximate date of filing lawsuit _____
7. Approximate date of disposition _____

II. PLACE OF PRESENT CONFINEMENT COVINGTON County Jail
290 Hillcrest Drive Andalusia, Alabama, 36420

PLACE OR INSTITUTION WHERE INCIDENT OCCURRED COVINGTON
County Jail 290 Hillcrest Dr. Andalusia, AL 36420

III. NAME AND ADDRESS OF INDIVIDUAL(S) YOU ALLEGE VIOLATED YOUR CONSTITUTIONAL RIGHTS.

NAME

ADDRESS

1. Shiriff; Anthony Clark 290 Hillcrest Dr. Andalusia AL 36420
2. KEVIN Smith 290 Hillcrest Dr. Andalusia AL 36420
3. NURSE Mitchel
4. Dr. McWhorter III MD
5. _____
6. _____

IV. THE DATE UPON WHICH SAID VIOLATION OCCURRED AUG, 15, 2005

V. STATE BRIEFLY THE GROUNDS ON WHICH YOU BASE YOUR ALLEGATION THAT YOUR CONSTITUTIONAL RIGHTS ARE BEING VIOLATED:

GROUND ONE: 5th 8th Amendment Cruel, and unusual
Punishment

STATE BRIEFLY THE FACTS WHICH SUPPORT THIS GROUND. (State as best you can the time, place and manner and person involved.)

my clinical information by Doctor VVAS.V
have been confirm to Covington County Jail, and Medical
Staff as also Doc McWhorter III, and they have denied
my treatment

GROUND TWO: 4th Amendment - THE RIGHT to be
SECURE in their PERSONS, Houses, And PAPERS

SUPPORTING FACTS: I shall enjoy The Right to be
heard and to petition The Government for redress
of Grievances

GROUND THREE: 1st Amendment

SUPPORTING FACTS: Request Have been made to Sheriff Anthony
Kevin Smith, Southern Health partners, And Doc. Willard
McWhorter III MD to acknowledge illness only to be
Denied Clock

VI. STATE BRIEFLY EXACTLY WHAT YOU WANT THE COURT TO DO FOR YOU.
MAKE NO LEGAL ARGUMENT. CITE NO CASES OR STATUTES.

I'm seeking Monetary Damages of \$40,000.00

AO Bayett
Signature of plaintiff(s)

I declare under penalty of perjury that the foregoing is true
and correct.

EXECUTED on 10-4-05
(Date)

AO Bayett
Signature of plaintiff(s)

Notary Patricia Swann
DATE, 10-4-05
EX; 1-29-09